

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Org Name: TIBURCIO VASQUEZ HEALTH UDS Number: 093190

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/6/2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 6 H80CS00223-02-01	
5. APPLICANT INFORMATION					
Legal Name: TIBURCIO VASQUEZ HEALTH CENTER, INC.			Organizational Unit:		
Address (give city, county, state, and zip code): 33255 NINTH STREET UNION CITY, CA 94587 Alameda			Name and telephone number of the person to be contacted on matters involving this application (give area code) Jose Joel Garcia (510) 471-5907		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1237118361A1			7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Public Non-Profit		
			9. NAME OF FEDERAL AGENCY: HHS, BPHC		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Health Centers			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ambulatory Primary Care System Budget Renewal		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Hayward, Fremont Union City, Newark and Alameda County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF			
Start Date	Ending Date	a. Applicant		b. Project	
01/01/2004	12/31/2004	10		10	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	822,296.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	0.00	DATE 11/06/2004			
c. State	1,684,238.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	2,568,111.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
e. Other	2,274,747.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	5,538,608.00	<input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	12,888,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Jose Joel Garcia		b. Title CEO		c. Telephone Number (510) 471-5907	
d. Signature of Authorized Representative Electronically Signed by: Jose Joel Garcia				e. Date Signed 11/6/2003	

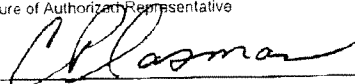
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: San Diego State University-Imperial Valley Campus			Organizational Unit: California Center for Border and Regional Economic Studies		
Address (give city, county, State, and zip code): 720 Heber Ave., Calexico, CA 92231			Name and telephone number of person to be contacted on matters involving this application (give area code): Kimberly Collins, 760-768-5510		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6042721			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County, CA			9. NAME OF FEDERAL AGENCY: Economic Development Administration, Dept. of Commerce		
13. PROPOSED PROJECT			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Analyzing Industry Clusters and Infrastructure Needs to Create Living Wage Jobs in Imperial County, Calif.		
14. CONGRESSIONAL DISTRICTS OF: CA 52					
Start Date June 2004		Ending Date May 2005		a. Applicant Cong. District 52	
				b. Project CA 52	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$ 209,122 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/07/2003	
b. Applicant		\$ 77,000 ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 286,122 ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
d. Signature of Authorized Representative				e. Date Signed	

OMB Approval No. 0346-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California			Organization/Unit: Institute of Marine Sciences		
Address (give city, county, state, and zip code): University of California, Santa Cruz 1156 High Street Santa Cruz, California 95064 Santa Cruz County			Name and telephone number of the person to be contacted on matters involving this application (give area code): Lynne Van Der Kamp (831) 459-1574		
DUNS Number 12-508-4723					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 -- 1 5 3 9 5 6 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
9. NAME OF FEDERAL AGENCY: NOAA					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 4 7 3 TITLE: Coastal Services Center			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Network for Environmental Observations of the Coastal Ocean		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Bodega Bay, CA, Ft. Point, CA, Monterey Bay, CA, Santa Barbara, CA, Santa Monica, CA, Newport, CA and San Diego, CA					
13. PROPOSED PROJECT: Start Date 8/1/04 Ending Date 7/31/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 375,900.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/10/03			
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 375,900.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Cindy Plasman		b. Title Proposal Coordinator		c. Telephone number (831) 459-2520	
d. Signature of Authorized Representative 				e. Date Signed 11/10/03	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted 10/31/2003	4. HUD Application Number 122-35640
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

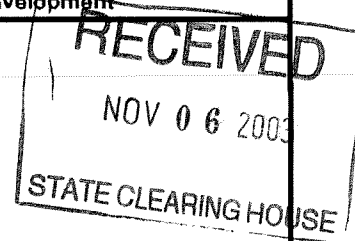
7. Applicant's Legal Name TDF, LP	8. Organizational Unit
9. Address (give city, county, State, and zip code) A. Address: 10501 Valley Blvd, Ste 1888 B. City: El Monte C. County: Los Angeles D. State: CA E. Zip Code: 91731	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jean Lang B. Title: President C. Phone: 626-279-7979 D. Fax: 626-279-7978 E. E-mail:

11. Employer Identification Number (EIN) or SSN 95-4887142	12. Type of Applicant (enter appropriate letter in box) M
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)

15. Catalog of Federal Domestic Assistance (CFDA) Number 14 - 151 Title: Supplemental Loan Insurance: Component Title: Multifamily Rental Housing	16. Descriptive Title of Applicant's Program MAP 221(d)(4) - New Construction Pacific Towers Apartments
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of El Monte	
18a. Proposed Program start date 1/4/04	18b. Proposed Program end date 1/4/39
19a. Congressional Districts of Applicant 32	19b. Congressional Districts of Program 32

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 10/31/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.	

22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
221(d)(4)	\$,800,000.00	\$11,084.00		2,115,043.00		1,070,000.00			10,296,368.40
									0.00
									0.00
									0.00
									0.00
Grand Total:	6,500,000.00	\$11,084.00	0.00	2,115,043.00	0.00	1,070,000.00	0.00	0.00	10,296,368.40

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL Disclosure Form to Report Lobbying. I certify that I shall require all sub-awards at all times (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurance and Certifications (HUD-424B) attached to this application or renewal and incorporates for the funding you are seeking the Assurance and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official		Name (printed)	Jean Lang
Title	President	Date (mm/dd/yyyy)	10/31/2003

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
221(d)(4)	6,500,000.00	611,084.00		2,115,053.00		1,070,000.00			10,296,358.40
									0.00
									0.00
									0.00
									0.00
Grand Totals	6,500,000.00	611,084.00	0.00	2,115,053.00	0.00	1,070,000.00	0.00	0.00	10,296,137.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official			Name (printed)		Jean Lang
Title			Date (mm/dd/yyyy)		10/31/2003
President					

**APPLICATION FOR
FEDERAL ASSISTANCE**2. DATE SUBMITTED
11-20-03

Application Identifier

1. TYPE OF SUBMISSION:

Application *Preapplication*
☐ Construction ☐ Construction
☐ Non-Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICATION INFORMATION

Legal Name
SUPERIOR CALIFORNIA ECONOMIC
DEVELOPMENT DISTRICT

Organizational Unit

Address (give city, county, state, and zip code)

737 Auditorium Drive, Suite A
Redding, Shasta County, California 96001Name and telephone number of the person to be contacted on matters
involving this application (give area code)Administrative ContactTechnical ContactRobert Nash, Chief Executive Officer
(530) 225-2760

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	3	0	5	1
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7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ G

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify): _____

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in boxes(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
Economic Development Administration10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

1	1	■	3	0	3
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TITLE: Economic Development Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Planning and implementation of a long range economic development program
which will focus on job retention/creation and economic diversification to
alleviate substantial unemployment within the district.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Modoc, Shasta, Siskiyou and Trinity Counties in California

13. PROPOSED PROJECT:

Start Date
01-01-04Ending Date
12-31-04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
Secondb. Project
First and Second

15. ESTIMATED FUNDING:

a. Federal	\$ 60,000
b. Applicant	\$ 20,000
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 80,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 10-29-04

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDEDa. Typed Name of Authorized Representative
Kenneth Humberstonb. Title
Presidentc. Telephone number
(530) 225-2760

d. Signature of Authorized Representative

e. Date Signed
11-20-03